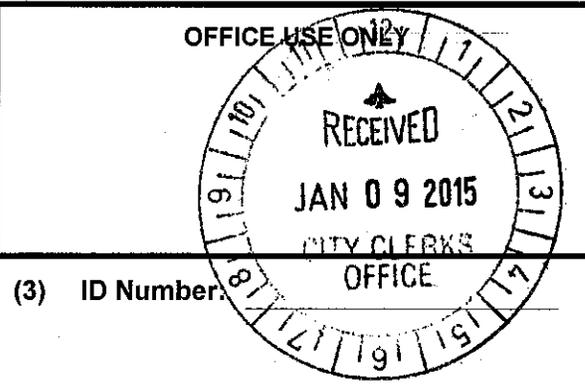


**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) CARLINE PAUL  
Name

(2) 12215 NW MIAMI COURT  
Address (number and street)  
NORTH MIAMI, FL 33168  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED



(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate (office sought): \_\_\_\_\_
- Political Committee  CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED
- Party Executive Committee
- Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 12 / 01 / 14 To 12 / 30 / 14 Report Type \_\_\_\_\_

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>0.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>

**(8) Other Distributions**  
\$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
\$ 3,399.33

**(10) TOTAL Monetary Expenditures To Date**  
\$ 25.67

**(11) CERTIFICATION**

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Paulette Nadine White  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X**   
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) CARLINE MARIE PAUL  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X**   
Signature